

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

CASSANDRA S.,

Plaintiff,

V.

**COMMISSIONER OF SOCIAL SECURITY,**

## Defendant.

Case No. C23-1367 RSM

## **ORDER AFFIRMING AND DISMISSING THE CASE**

Plaintiff seeks review of the denial of her application for Supplemental Security Income.

Plaintiff contends the ALJ erred by rejecting her symptom testimony and the medical opinions of Dr. Widlan and Ms. Donahue, ARNP. Dkt. 8.<sup>1</sup> As discussed below, the Court **AFFIRMS** the Commissioner's final decision and **DISMISSES** the case with prejudice.

## BACKGROUND

Plaintiff is 33 years old, has at least a high school education, and has worked as a baker helper and cook helper. Admin. Record 26–27. In May 2020, Plaintiff applied for benefits, alleging disability as of May 26, 2020. AR 68, 77. Plaintiff’s application was denied initially and on reconsideration. AR 74, 86. After the ALJ conducted a hearing in August 2022 (AR 35–

<sup>1</sup> Plaintiff's Opening Brief does not entirely comply with the briefing requirements provided in the Court's Scheduling Order, as Plaintiff did not list her second assignment of error on the first page of the brief. See Dkts. 7 at 2; 8 at 1. In the future, counsel shall take care to review and comply with the Court's briefing requirements.

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1 67), the ALJ issued a decision finding Plaintiff not disabled. AR 14–34.

## 2 DISCUSSION

3 The Court may reverse the ALJ’s decision only if it is legally erroneous or not supported  
4 by substantial evidence of record. *Ford v. Saul*, 950 F.3d 1141, 1154 (9th Cir. 2020). The Court  
5 must examine the record but cannot reweigh the evidence or substitute its judgment for the  
6 ALJ’s. *Thomas v. Barnhart*, 278 F.3d 947, 954 (9th Cir. 2002). When evidence is susceptible to  
7 more than one interpretation, the Court must uphold the ALJ’s interpretation if rational. *Ford*,  
8 950 F.3d at 1154. Also, the Court “may not reverse an ALJ’s decision on account of an error  
9 that is harmless.” *Molina v. Astrue*, 674 F.3d 1104, 1111 (9th Cir. 2012).

### 10 1. Plaintiff’s Symptom Testimony

11 Plaintiff testified she is not able to work because she has difficulties dealing with stress,  
12 is easily overwhelmed by others, and is unable to pay attention. AR 47, 54–56. She explained  
13 she spends much of her day playing video games to distract herself from her anxiety and  
14 depression, but even when playing video games, she can only focus half the time. AR 51–52.  
15 Plaintiff also testified that due to emotional dysregulation, she spends half of her day crying. AR  
16 53. She stated she has paranoia and does not trust herself to be around dangerous items because  
17 she might harm herself. AR 59–60. When asked if she can imagine working in isolation from  
18 other employees and the public, Plaintiff answered she does not think she would be able to do it  
19 because she could not go to the jobsite every day and would feel overwhelmed. AR 58–59.

20 Where, as here, an ALJ determines a claimant has presented objective medical evidence  
21 establishing underlying impairments that could cause the symptoms alleged, and there is no  
22 affirmative evidence of malingering, the ALJ can only discount the claimant’s testimony as to  
23 symptom severity by providing “specific, clear, and convincing” reasons supported by

1 substantial evidence. *Trevizo v. Berryhill*, 871 F.3d 664, 678 (9th Cir. 2017). “The standard  
2 isn’t whether our court is convinced, but instead whether the ALJ’s rationale is clear enough that  
3 it has the power to convince.” *Smartt v. Kijakazi*, 53 F.4th 489, 499 (9th Cir. 2022).

4 The ALJ first rejected Plaintiff’s testimony because the record indicates treatment has  
5 helped with controlling her symptoms. AR 23. Evidence that medical treatment helped a  
6 claimant “return to a level of function close to the level of function they had before they  
7 developed symptoms or signs of their mental disorders . . . can undermine a claim of disability.”  
8 *Wellington v. Berryhill*, 878 F.3d 867, 876 (9th Cir. 2017) (quotation omitted). The ALJ’s  
9 assessment is not entirely supported by the record. Plaintiff’s counseling notes show that on the  
10 month of her alleged onset date, Plaintiff reported feeling sad and anxious, though her  
11 medications had been helpful, even with some side effects. AR 548. By September 2021,  
12 Plaintiff reported remaining anxious with only “some improvement” in focusing even after  
13 increasing her medication dosage. AR 900. However, Plaintiff’s 2022 treatment notes show her  
14 mood as “good” and her anxiety as “not super overwhelming,” though she was still struggling  
15 with her hygiene and not leaving the house. AR 862. Plaintiff’s counselor also consistently  
16 described her “improved” or “significantly improved.” AR 939, 944, 949, 961, 967, 973, 979,  
17 986, 991, 1017, 1022, 1031, 1036. They also show Plaintiff was able to successfully meet with  
18 family members and go on family trips. AR 949, 997. Plaintiff reported feeling proud of herself  
19 and discussing “graduating plan and first public adventure” and reaching out to family. AR  
20 1021–22, 1036. The record overall supports the ALJ’s finding that Plaintiff’s depression and  
21 anxiety and inability to interact with others may not be as severe as alleged, given her  
22 counselor’s consistent notations of improvement and Plaintiff’s own reports of spending time  
23 with family. However, the ALJ did not address whether treatment improved Plaintiff’s lack of

1 focus and attention and paranoia, therefore the rejection of Plaintiff's testimony based on her  
2 treatment was only partially supported by substantial evidence.

3 The ALJ next rejected Plaintiff's testimony based on her mental status examination  
4 reports. AR 23. When objective medical evidence in the record is *inconsistent* with the  
5 claimant's subjective testimony, the ALJ may indeed weigh it as undercutting such testimony.”  
6 *Smartt*, 53 F.4th at 498. Here, the ALJ acknowledged Plaintiff's mood was often anxious, but  
7 noted her other mental status findings remained normal. AR 23. For example, Plaintiff often  
8 had normal thought process, no delusions, appropriate affect, grossly intact memory, good  
9 insight, and good judgment. AR 549, 583, 595–96, 612–13, 615, 621, 627, 635, 637, 639, 718,  
10 723, 726, 735–36, 746, 862, 877–78, 886, 892, 900–01. The evidence cited by the ALJ also  
11 shows Plaintiff often had attentive concentration. AR 583, 595–96, 612–13, 718, 723, 726, 736,  
12 901. There were a few occasions where she was found distracted, but most of the instances  
13 coincided with other stressors. See AR 877–78 (“Have been having some COVID related  
14 anxiety”), 886 (“Anxiety is elevated due to medical problems and upcoming family move.”),  
15 1490 (same), 1526 (“Have been having some COVID related anxiety”). Plaintiff argues the  
16 majority of her mental status examination support her statements. Dkt. 8 at 6. However, several  
17 of the records Plaintiff cite to are from before her alleged onset date. See *Carmickle v. Comm'r,*  
18 *Soc. Sec. Admin.*, 533 F.3d 1155, 1165 (9th Cir. 2008) (“Medical opinions that predate the  
19 alleged onset of disability are of limited relevance.”). The other records Plaintiff cite also do not  
20 meaningfully support her statements, because they show, as the ALJ noted above, normal  
21 findings. Moreover, as discussed above, later treatment notes show Plaintiff's symptoms  
22 improved. “Even when the evidence is susceptible to more than one rational interpretation, we  
23 must uphold the ALJ’s findings if they are supported by inferences reasonably drawn from the

1 record.” *Molina*, 674 F.3d at 1111. Here, the ALJ’s assessment that Plaintiff’s symptoms are  
 2 not as severe as alleged based on consistently normal mental status findings is supported by the  
 3 record. The Court, therefore, finds the ALJ did not err in rejecting Plaintiff’s testimony based on  
 4 objective medical evidence.

5 The ALJ also rejected Plaintiff’s testimony based on her activities. AR 24. An ALJ may  
 6 discount a claimant’s symptom testimony when it is inconsistent with the claimant’s general  
 7 activity level. *See Molina*, 674 F.3d at 1112–13; *Lingenfelter v. Astrue*, 504 F.3d 1028, 1040  
 8 (9th Cir. 2007). Here, the ALJ found Plaintiff’s ability to play video games and write show  
 9 Plaintiff is able to focus, pay attention, and persist. AR 24. The record does show Plaintiff  
 10 interacted with other players on a few occasions, but it does not necessarily show her  
 11 concentration and ability to persist is greater than she alleged. *See* AR 589–90, 595, 635.  
 12 Therefore, in rejecting Plaintiff’s testimony based on her activity level, the ALJ erred. However,  
 13 because the ALJ provided valid reasons, supported by substantial evidence, to reject the entirety  
 14 of Plaintiff’s testimony, this error is rendered harmless. *See Carmickle*, 533 F.3d at 1162  
 15 (including an erroneous reason among other reasons to discount a claimant’s credibility does not  
 16 negate the validity of the overall credibility determination and is at most harmless error where an  
 17 ALJ provides other reasons that are supported by substantial evidence).

## 18       2.     **Medical Opinion Evidence**

19       Under the applicable rules, the ALJ must “articulate how [he] considered the medical  
 20 opinions” and “how persuasive [he] find[s] all of the medical opinions” by considering  
 21 their supportability, consistency, relationship with the claimant, specialization, and other factors.  
 22 20 C.F.R. § 416.920c(c). The ALJ is specifically required to consider the two most important  
 23 factors, supportability and consistency. 20 C.F.R. § 416.920c(a). The supportability factor

1 requires the ALJ to consider the relevance of the objective medical evidence and  
2 the supporting explanations presented by the medical source to justify their opinion. 20 C.F.R. §  
3 416.920c(c)(1). The consistency factor involves consideration of how consistent a medical  
4 opinion is with the other record evidence. 20 C.F.R. § 416.920c(c)(2). Further, under the new  
5 regulations, “an ALJ cannot reject an examining or treating doctor’s opinion as unsupported or  
6 inconsistent without providing an explanation supported by substantial evidence.” *Woods*, 32  
7 F.4th at 792.

8 Dr. Widlan opined Plaintiff has marked or extreme limitations in understanding,  
9 remembering, or applying information; interacting with others; and concentrating, persisting or  
10 maintaining pace. AR 917, 920–22. He opined Plaintiff’s impairments would substantially  
11 interfere with her ability to work at least 20 percent of the time and Plaintiff would miss 15 days  
12 of work per month. AR 922. Ms. Donahue, ARNP, similarly opined Plaintiff has moderate to  
13 marked limitations in understanding, remembering, or applying information; interacting with  
14 others; and concentrating, persisting, or maintaining pace. AR 910–12. Similar to Dr. Widlan,  
15 she opined Plaintiff’s impairments would substantially interfere with her ability to work at least  
16 20 percent of the time and Plaintiff would miss eight to 12 days of work per month. AR 912.

17 The ALJ rejected both opinions because of their inconsistency with Plaintiff’s treatment  
18 notes showing improvement and “generally normal mental status observations.” AR 25. As  
19 discussed previously, Plaintiff’s counseling notes show she made significant improvement and  
20 was able to seek out and interact with others. AR 939, 944, 949, 961, 967, 973, 979, 986, 991,  
21 997, 1017, 1022, 1031, 1036. As also discussed, objective medical evidence show she often had  
22 normal thought process, no delusions, appropriate affect, grossly intact memory, good insight,  
23 and good judgment, and attentive concentration. AR 549, 583, 595–96, 612–13, 615, 621, 627,

1 635, 637, 639, 718, 723, 726, 735–36, 746, 862, 877, 886, 892, 900–01. Such results undermine  
2 Dr. Widlan’s and Ms. Donahue’s marked or extreme proposed limitations. Therefore, the ALJ  
3 reasonably found their opinions inconsistent with Plaintiff’s overall record. The ALJ also found  
4 their opinions inconsistent with Plaintiff’s testimony, which the Court found the ALJ reasonably  
5 rejected based on the same evidence. In sum, the ALJ’s inconsistency finding is supported by  
6 substantial evidence. Accordingly, in rejecting Dr. Widlan’s and Ms. Donahue’s opinions, the  
7 ALJ did not err. *Woods*, 32 F. 4th at 793 (affirming the ALJ’s rejection of medical opinion  
8 based on an inconsistency finding alone).

9 **CONCLUSION**

10 For the foregoing reasons, the Commissioner’s final decision is **AFFIRMED** and this  
11 case is **DISMISSED** with prejudice.

12 DATED this 15<sup>th</sup> day of March, 2024.

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15 RICARDO S. MARTINEZ  
16 UNITED STATES DISTRICT JUDGE  
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